

<i>SERFF Tracking Number:</i>	<i>ALSX-125561014</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Encompass Indemnity Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>ER-0713</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0005 Other Homeowners</i>
<i>Product Name:</i>	<i>Other Than Auto</i>		
<i>Project Name/Number:</i>	<i>Reinsurance Charge Rate Filing/ER-0713</i>		

Filing at a Glance

Company: Encompass Indemnity Company

Product Name: Other Than Auto

TOI: 04.0 Homeowners

Sub-TOI: 04.0005 Other Homeowners

Filing Type: Rate

Effective Date Requested (New): 06/01/2008

Effective Date Requested (Renewal): 06/05/2008

SERFF Tr Num: ALSX-125561014 State: Arkansas

SERFF Status: Closed

Co Tr Num: ER-0713

Co Status:

Author: SPI AllState

Date Submitted: 03/20/2008

State Tr Num: EFT \$100

State Status: Fees verified and received

Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding

Disposition Date: 03/21/2008

Disposition Status: Filed

Effective Date (New): 06/01/2008

Effective Date (Renewal):

06/05/2008

State Filing Description:

Reinsurance charge changed to 0. Treating as rule filing instead of overall rate change.

General Information

Project Name: Reinsurance Charge Rate Filing

Project Number: ER-0713

Reference Organization:

Reference Title:

Filing Status Changed: 03/21/2008

State Status Changed: 03/21/2008

Corresponding Filing Tracking Number:

Filing Description:

This filing includes a revision to the distinct charge to cover the fire following earthquake portion of the net cost of reinsurance in Encompass Indemnity Company for the Other Than Auto program in the state of Arkansas.

Encompass's revised reinsurance cost will be reflected by revising the reinsurance rate adjustment factor in the rate calculation for the Other Than Auto program. The revised reinsurance rate adjustment factor will be set to zero and will

<i>SERFF Tracking Number:</i>	<i>ALSX-125561014</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Encompass Indemnity Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>ER-0713</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0005 Other Homeowners</i>
<i>Product Name:</i>	<i>Other Than Auto</i>		
<i>Project Name/Number:</i>	<i>Reinsurance Charge Rate Filing/ER-0713</i>		

apply to the calculation of the reinsurance charge for all policies. This revision will have the same effect as removing the reinsurance charge.

Encompass will evaluate reinsurance cost periodically, preserving the rating structure will enable Encompass to monitor and update the reinsurance rate adjustment factor in the future as appropriate.

The overall impact of changes set forth in this filing is -1.0%.

The target effective date for renewal business is June 05, 2008. The target effective date for new business is June 01, 2008.

Company and Contact

Filing Contact Information

Carrie Deppe, Assistant State Filings Manager cdepp@allstate.com
 2775 Sanders Road (847) 402-2774 [Phone]
 Northbrook, IL 60062 (847) 402-9757[FAX]

Filing Company Information

Encompass Indemnity Company	CoCode: 15130	State of Domicile: Illinois
2775 Sanders Road	Group Code: 8	Company Type:
Suite A5		
Northbrook, IL 60062	Group Name: Allstate	State ID Number:
(847) 402-5000 ext. [Phone]	FEIN Number: 59-2366357	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	Independent rate filing
Per Company:	No

<i>SERFF Tracking Number:</i>	<i>ALSX-125561014</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Encompass Indemnity Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>ER-0713</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0005 Other Homeowners</i>
<i>Product Name:</i>	<i>Other Than Auto</i>		
<i>Project Name/Number:</i>	<i>Reinsurance Charge Rate Filing/ER-0713</i>		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Encompass Indemnity Company	\$100.00	03/20/2008	18821405

<i>SERFF Tracking Number:</i>	<i>ALSX-125561014</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Encompass Indemnity Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>ER-0713</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0005 Other Homeowners</i>
<i>Product Name:</i>	<i>Other Than Auto</i>		
<i>Project Name/Number:</i>	<i>Reinsurance Charge Rate Filing/ER-0713</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	03/21/2008	03/21/2008

<i>SERFF Tracking Number:</i>	<i>ALSX-125561014</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Encompass Indemnity Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>ER-0713</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0005 Other Homeowners</i>
<i>Product Name:</i>	<i>Other Than Auto</i>		
<i>Project Name/Number:</i>	<i>Reinsurance Charge Rate Filing/ER-0713</i>		

Disposition

Disposition Date: 03/21/2008

Effective Date (New): 06/01/2008

Effective Date (Renewal): 06/05/2008

Status: Filed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>ALSX-125561014</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Encompass Indemnity Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>ER-0713</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0005 Other Homeowners</i>
<i>Product Name:</i>	<i>Other Than Auto</i>		
<i>Project Name/Number:</i>	<i>Reinsurance Charge Rate Filing/ER-0713</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Form RF-1 NAIC Loss Cost Data Entry Document--All P&C Lines	Filed	Yes
Rate	ManualER-0713	Filed	Yes

<i>SERFF Tracking Number:</i>	<i>ALSX-125561014</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Encompass Indemnity Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>ER-0713</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0005 Other Homeowners</i>
<i>Product Name:</i>	<i>Other Than Auto</i>		
<i>Project Name/Number:</i>	<i>Reinsurance Charge Rate Filing/ER-0713</i>		

Rate Information

Rate data applies to filing.

Filing Method:	File and Use
Rate Change Type:	Decrease
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	06/01/2007
Filing Method of Last Filing:	File and Use

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Encompass Indemnity Company	%	-1.000%	\$-22,286	1,692	\$2,150,884	%	%

<i>SERFF Tracking Number:</i>	<i>ALSX-125561014</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Encompass Indemnity Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>ER-0713</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0005 Other Homeowners</i>
<i>Product Name:</i>	<i>Other Than Auto</i>		
<i>Project Name/Number:</i>	<i>Reinsurance Charge Rate Filing/ER-0713</i>		

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	ManualER-0713	ER-0713	Replacement	AR-PC-07-023670 ER-0713.PDF

**ARKANSAS USP PORTFOLIO
STRATEGIC RISK MANAGEMENT (SRM) PROGRAM
HOME RATE PAGES**

REINSURANCE LIMIT FACTORS

AMOUNT OF INSURANCE	FACTOR
30,000	30
40,000	40
50,000	50
60,000	60
70,000	70
75,000	75
80,000	80
85,000	85
90,000	90
95,000	95
100,000	100
105,000	105
110,000	110
115,000	115
120,000	120
125,000	125
130,000	130
140,000	140
150,000	150
160,000	160
170,000	170
175,000	175
180,000	180
190,000	190
200,000	200
220,000	220
240,000	240
250,000	250

AMOUNT OF	FACTOR
275,000	275
300,000	300
325,000	325
350,000	350
375,000	375
400,000	400
425,000	425
450,000	450
475,000	475
500,000	500
600,000	600
700,000	700
750,000	750
800,000	800
850,000	850
900,000	900
Each Additional 1,000	1

REINSURANCE RATE ADJUSTMENT FACTOR

Homeowners	<u>0.000</u>
Renters	<u>0.000</u>
Condominiums	<u>0.000</u>
Dwelling Fire	<u>0.000</u>

SERFF Tracking Number:	ALSX-125561014	State:	Arkansas
Filing Company:	Encompass Indemnity Company	State Tracking Number:	EFT \$100
Company Tracking Number:	ER-0713		
TOI:	04.0 Homeowners	Sub-TOI:	04.0005 Other Homeowners
Product Name:	Other Than Auto		
Project Name/Number:	Reinsurance Charge Rate Filing/ER-0713		

Supporting Document Schedules

Satisfied -Name:	Form RF-1 NAIC Loss Cost Data	Review Status:	
	Entry Document--All P&C Lines	Filed	03/21/2008

Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
AR - NAIC RATE RULE FILING SCHEDULE.PDF
FilingForm02 - Rate Filing Abstract.PDF
FilingForm03 - HPCS.PDF

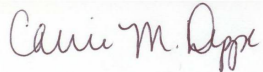
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Allstate				Group NAIC #	008
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Encompass Indemnity Company	IL	15130	59-2366357			

5. Company Tracking Number	ER-0713
-----------------------------------	---------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Carrie M. Deppe 2775 Sanders Road, Suite A5 Northbrook IL 60062	Assistant State Filings Manager	800-366-2958 Ext. 22774	847-402-9757	cdepp@allstate.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Carrie M. Deppe			

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	04.0 Homeowners			
10. Sub-Type of Insurance (Sub-TOI)	04.0005 Other Homeowners			
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]				
12. Company Program Title (Marketing Title)	Other Than Auto			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	06/01/2008	Renewal:	06/05/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)	Not applicable			
17. Reference Organization # & Title	Not applicable			
18. Company's Date of Filing	March 20, 2008			
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	ER-0713
-----	---	---------

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	--

This filing includes a revision to the distinct charge to cover the fire following earthquake portion of the net cost of reinsurance in Encompass Indemnity Company for the Other Than Auto program in the state of Arkansas.

Encompass's revised reinsurance cost will be reflected by revising the reinsurance rate adjustment factor in the rate calculation for the Other Than Auto program. The revised reinsurance rate adjustment factor will be set to zero and will apply to the calculation of the reinsurance charge for all policies. This revision will have the same effect as removing the reinsurance charge.

Encompass will evaluate reinsurance cost periodically, preserving the rating structure will enable Encompass to monitor and update the reinsurance rate adjustment factor in the future as appropriate.

The overall impact of changes set forth in this filing is -1.0%.

The target effective date for renewal business is June 05, 2008. The target effective date for new business is June 01, 2008.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: Not applicable. Fee sent via EFT.</p> <p>Amount: \$100.00</p> <p>Independent rate filing</p>	
<p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PROPERTY & CASUALTY RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	ER-0713
-----------	--	---------

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	Not applicable
-----------	---	----------------

☐ Rate Increase
 ☒ Rate Decrease
 ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File and Use
-----------	--	--------------

4a.	Rate Change by Company (As Proposed)
------------	---

Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)
Encompass Indemnity Company		-1	-22286	1692	2150884	0	0

4b.	Rate Change by Company (As Accepted) For State Use Only
------------	--

Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a.	Overall percentage rate indication(when applicable)		
5b.	Overall percentage rate impact for this filing		
5c.	Effect of Rate Filing – Written premium change for this program		
5d.	Effect of Rate Filing - Number of policyholders affected		

6.	Overall percentage of last rate revision	0.0
7.	Effective Date of last rate revision	06/01/2007
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	File and Use

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	ER-0713	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AR-PC-07-023670
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

ARKANSAS INSURANCE DEPARTMENT RATE FILING ABSTRACT

Form RF-1
Rev. 4/96

Insurer Name: Encompass Indemnity Company
 NAIC Number: 008-15130
 Name of Advisory Organization Whose Filing You Are Referencing: N/A
 Co. Affiliation to Advisory Organization: Member Subscriber Service Purchaser
 Reference Filing #: ER-0713 Proposed Effective Date: June 1, 2008

Contact Person: Carrie Deppe
 Signature: _____
 Telephone No: (847) 402-2774

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (if applicable)	(8) Co. Current Loss Cost Multiplier
Homeowners	-1.10%	-1.10%					
Condo	-0.40%	-0.40%					
Renter	0.00%	0.00%					
Dwelling Fire	-0.60%	-0.60%					
TOTAL OVERALL EFFECT	-1.0%	-1.0%					

No Apply Loss Cost Factors to Future Filings? (Y or N)
N/A Estimated Maximum Rate Increase for any Arkansas Insured (%)
N/A Estimated Maximum Rate Decrease for any Arkansas Insured (%)

5 Year History (Accident Year Data)

								Selected Provisions
Year	Policy Count	Rate Change History % Eff. Date	AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio	A. Total Production Expense	16.1%
2003	1	0.3% 8/15/03	1	-	0.0%	16.9%	B. General Expense	8.1%
2004	243	-0.4% 5/1/04	273	67	24.4%	26.0%	C. Taxes, License & Fees	2.8%
2005	972	0.0% 10/6/05	1,091	401	36.7%	27.8%	D. Underwriting Profit & Contingencies	11.1%
2006	1,495	6.8% 4/28/08	1,767	629	35.6%	26.4%	E. Other (explain)	0.9%
2007	1,654	N/A N/A	2,073	637	30.7%	28.0%	F. TOTAL	39.0%

NAIC Number:	008-15130
Company Name:	Encompass Indemnity Company
Contact Person:	Carrie Deppe
Telephone No.:	847-402-2774
Email Address:	cdeppe@allstate.com
Effective Date:	6/1/2008

**Homeowners Premium Comparision Survey Form
FORM HPCC - last modified August, 2005**

Submit to: Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904
Telephone: 501-371-2800
Email as an attachment to insurance.pnc@arkansas.gov
You may also attach to a SERFF filing or submit on a cdr disk

**USE THE APPROPRIATE FORM BELOW - IF NOT APPLICABLE,
LEAVE BLANK**

Survey Form for HO3 (Homeowners) - Use \$500 Flat Deductible (Risk of direct physical loss for dwelling and other structures; named perils for personal property, RC on dwelling, ACV on personal property, liab and med pay for others incl)

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$652	\$704	\$824	\$908	\$1,023	\$1,127	\$895	\$1,144	\$864	\$952	\$1,166	\$1,231	\$985	\$1,031	\$866	\$935	\$867	\$928
	\$120,000	\$806	\$870	\$1,017	\$1,119	\$1,263	\$1,391	\$1,098	\$1,402	\$1,066	\$1,173	\$1,456	\$1,535	\$1,237	\$1,293	\$1,073	\$1,157	\$1,078	\$1,152
	\$160,000	\$924	\$995	\$1,165	\$1,280	\$1,448	\$1,592	\$1,253	\$1,596	\$1,221	\$1,342	\$1,679	\$1,768	\$1,438	\$1,502	\$1,230	\$1,326	\$1,241	\$1,325
6	\$80,000	\$794	\$872	\$1,054	\$1,179	\$1,309	\$1,466	\$1,576	\$1,947	\$1,105	\$1,236	\$1,343	\$1,440	\$1,111	\$1,180	\$1,056	\$1,160	\$1,034	\$1,124
	\$120,000	\$979	\$1,073	\$1,296	\$1,448	\$1,613	\$1,803	\$1,927	\$2,379	\$1,359	\$1,519	\$1,672	\$1,789	\$1,390	\$1,474	\$1,304	\$1,430	\$1,281	\$1,391
	\$160,000	\$1,119	\$1,224	\$1,480	\$1,652	\$1,842	\$2,058	\$2,190	\$2,700	\$1,552	\$1,733	\$1,922	\$2,055	\$1,612	\$1,706	\$1,492	\$1,635	\$1,471	\$1,595
9	\$80,000	\$1,767	\$2,033	\$2,629	\$3,058	\$3,279	\$3,815	\$6,251	\$7,524	\$2,758	\$3,209	\$2,558	\$2,889	\$1,976	\$2,212	\$2,364	\$2,720	\$2,177	\$2,489
	\$120,000	\$2,163	\$2,486	\$3,212	\$3,735	\$4,007	\$4,660	\$7,614	\$9,164	\$3,371	\$3,919	\$3,150	\$3,552	\$2,443	\$2,729	\$2,895	\$3,328	\$2,672	\$3,051
	\$160,000	\$2,457	\$2,822	\$3,647	\$4,237	\$4,549	\$5,287	\$8,618	\$10,370	\$3,827	\$4,446	\$3,593	\$4,048	\$2,801	\$3,125	\$3,290	\$3,780	\$3,043	\$3,472

Survey Form for HO4 (Renters) - Use \$500 Flat Deductible (Named perils for personal property, actual cash value for loss, liability and medical payments for others included)

Public Protection Class	Property Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$5,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$15,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$25,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6	\$5,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$15,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$25,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
9	\$5,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$15,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$25,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Survey Form for DP-2 (Dwelling/Fire) - Use \$500 Flat Deductible (Named perils for dwelling and personal property; replacement cost for dwelling, actual cash value for personal property, no liability coverage)

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$713	\$751	\$901	\$969	\$1,119	\$1,203	\$979	\$1,221	\$945	\$1,016	\$1,277	\$1,314	\$1,078	\$1,100	\$947	\$998	\$948	\$990
	\$120,000	\$882	\$928	\$1,113	\$1,195	\$1,383	\$1,485	\$1,202	\$1,497	\$1,167	\$1,253	\$1,595	\$1,639	\$1,354	\$1,381	\$1,174	\$1,235	\$1,179	\$1,230
	\$160,000	\$1,010	\$1,062	\$1,275	\$1,367	\$1,586	\$1,701	\$1,372	\$1,705	\$1,337	\$1,433	\$1,839	\$1,889	\$1,575	\$1,604	\$1,346	\$1,416	\$1,359	\$1,415
6	\$80,000	\$868	\$930	\$1,153	\$1,259	\$1,434	\$1,565	\$1,726	\$2,081	\$1,209	\$1,320	\$1,471	\$1,538	\$1,216	\$1,260	\$1,156	\$1,238	\$1,131	\$1,200
	\$120,000	\$1,071	\$1,145	\$1,420	\$1,547	\$1,766	\$1,926	\$2,112	\$2,542	\$1,488	\$1,622	\$1,831	\$1,911	\$1,522	\$1,574	\$1,428	\$1,528	\$1,402	\$1,485
	\$160,000	\$1,224	\$1,307	\$1,621	\$1,765	\$2,018	\$2,198	\$2,400	\$2,886	\$1,700	\$1,851	\$2,106	\$2,195	\$1,766	\$1,823	\$1,634	\$1,746	\$1,611	\$1,704
9	\$80,000	\$1,936	\$2,172	\$2,882	\$3,269	\$3,594	\$4,078	\$6,856	\$8,045	\$3,023	\$3,430	\$2,804	\$3,088	\$2,165	\$2,363	\$2,590	\$2,907	\$2,386	\$2,660
	\$120,000	\$2,371	\$2,656	\$3,522	\$3,992	\$4,394	\$4,982	\$8,351	\$9,798	\$3,696	\$4,189	\$3,453	\$3,797	\$2,677	\$2,917	\$3,173	\$3,557	\$2,929	\$3,261
	\$160,000	\$2,693	\$3,016	\$3,998	\$4,529	\$4,989	\$5,653	\$9,453	\$11,088	\$4,196	\$4,752	\$3,940	\$4,327	\$3,071	\$3,340	\$3,607	\$4,040	\$3,336	\$3,711

SPECIFY THE PERCENTAGE GIVEN FOR CREDITS OR DISCOUNTS FOR THE FOLLOWING:

HO3 and HO4 only

Fire Extinguisher	N/A %	Deadbolt Lock	N/A %
Burglar Alarm	N/A %	Window Locks	N/A %
Smoke Alarm	N/A %	\$1,000 Deductible	N/A %
		Other (specify)	
			%
NOTE - Minimum Renters Coverage is \$30,000		Maximum Credit Allowed	N/A %

EARTHQUAKE INSURANCE

IMPORTANT, homeowners insurance does NOT automatically cover losses from earthquakes. Ask your agent about this coverage

ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS?
WHAT IS YOUR PERCENTAGE DEDUCTIBLE?

No	(yes or no)
	%

WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE?

Highest Risk	\$		\$	
Lowest Risk	\$		\$	